Week 1
Education and Overview

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GROUP PROCESS

The first session has two purposes: to develop group cohesiveness and to provide an overview of bulimia. When seeing patients individually, we work on establishing rapport rather than on group cohesiveness and may by way of anecdotes bring up some issues if the client does not bring them up herself. Although individual therapy provides greater opportunity to deal with the client's specific problems and allows for more individual attention, the confrontation and feedback from other group members is not available. The interaction among group members is very important, and throughout the program we try to maximize it.

Reasons for Joining the Group

We generally start out the groups by introducing ourselves and having each member tell the group a little about herself and what she would like to take away from the group. To increase cohesiveness, we point out similarities between group members who share common experiences. Women frequently state that their main motivation for starting the program is that they feel out of control,

depressed, and guilty about their behavior. "I am so tired of spending my whole life around this. It is time I got on with my life. I don't have the time for this," said Anne, an attractive, intelligent woman in her 20's who had binged and purged for several years before coming to our program. Most women echo this sentiment in one way or another. "I want to feel normal. I don't want to spend the rest of my life thinking about food," said Donna, another young woman in our group.

Feeling abnormal or different was voiced by most women, as well as feeling ashamed of their "secret." Since binge eating and purging are usually secretive behaviors, the feeling of "hiding," of having a major part of their lives hidden, is a significant source of stress for many women. In addition, the financial and medical problems associated with bulimia have prompted some women to come for treatment. Delores, for example, joined our group after she had accumulated $9,000.00 worth of dental bills from all the induced vomiting. In her case, the stomach acid wore away her teeth. Other women mentioned feeling tired, achy, having throat blisters, and any other number of health hazards. Women were also upset by the amount of money that they spent on food, particularly in view of their limited funds. As Donna put it, "How can I explain to my parents where all my money is going to?"

The practical considerations in dealing day by day with bulimia are overwhelming and are only hinted at in the preceding comments. The binge-purge cycle is an all-encompassing symptom and pervades almost every aspect of the

bulimic woman's daily existence. She is constantly thinking about food and planning the next binge. This daily preoccupation with food results in deliberate or inadvertent neglect of other areas. The habit interferes with her work, her academic achievement, her social life, and her family relationships.

Because binge eating and purging are secret behaviors, the bulimic woman plans her day around the time when she can be alone in order that she may binge. She may consciously isolate herself from other people so that she can engage in this behavior. She hides her secret from others and withdraws from them, for fear of being "discovered." This isolation and withdrawal further reinforce her feeling that she is "abnormal," "weird" or "different" and prevent her from getting the intimacy she craves.

Not only do her social and family relationships suffer but her functioning in her work or school environment is affected as well. As several of our clients said in one form or another, "It's hard to concentrate on anything else when you are always thinking about food." Jackie, a cute, vivacious bulimic in her late teens who had a nice sense of humor, said, "You know, it can really be dangerous to go out on the road when all that's on your mind is the binge. You're not watching the road or anything else." This preoccupation with food to the exclusion of everything else makes the bulimic neglect other important areas in her life.

Factors other than the preoccupation with food can also lead to neglect of

other activities. The depression as well as the fatigue associated with this eating pattern result in limited energy to give to other activities. The bulimic woman may overlook important responsibilities due to the pervading and time consuming nature of her habit.

The financial considerations involved in this behavior are also tremendous. Many bulimic women have limited financial resources; some are students and have no steady income. Because they attempt to hide their behavior from others, as Donna did, it is difficult to explain to their families where their money is going to. They are frequently worried about the monetary aspect of their symptoms. Some women report stealing to support their habit.

The time, energy, and money involved with binge eating and purging make it more than just a daily nuisance. For most women, the behavior is a source of severe stress. Many women report that they are tired of their energies being drained. "We should have better things to do with our time" or "we should be having fun" are comments frequently made.

An additional source of stress lies in the nature of the habit. Because eating is a normal and daily part of living, the bulimic woman is reminded several times at day, at every meal, that she is "different." She cannot let her friends or family see how much she eats; so she avoids going out with them or eating with them. Her hunger resulting from attempts to starve herself is also a constant reminder of

her problem. The feelings of depression, shame, isolation, and embarrassment resulting from her "secret" are compounded by the practical concerns.

In addition, the medical and physical problems associated with bulimia add to her stress. Besides the medical and physical hazards of bulimia reported in the literature, there may be many other minor discomforts and symptoms she may feel. However, she does not report these to her doctor because she is embarrassed. For example, most of the women we saw reported menstrual irregularities, yet not one of them mentioned these to her gynecologist for fear of divulging her secret. Many bulimics have an underlying anxiety about their health but are afraid to say anything about it lest others find out about their habit.

Emphasis on Feelings

We encourage the discussion of feelings rather than of food intake or purging methods. We view bulimia as an eating disorder associated with personality and behavioral variables, and we focus on the feeling and coping aspects of behavior rather than on the eating and vomiting. This is clearly a reversal of what the women have done before. Because much of their energy and thoughts revolve around food, we do not wish to reinforce such thinking. Instead, we attempt to teach them other ways of coping. In addition, we want to avoid some of the possible unfortunate byproducts of learning different methods of purging that can occur in groups of this sort.

To help them talk freely, we let them know that everything said in the group is confidential, that they are free to discuss their issues with others, but are not free to talk about other group members. We help women discuss their feelings of shame, disgust, guilt, anger, and hurt about their behavior. The ability to share these feelings, sometimes for the first time, helps them realize that they are not alone and provides them with support and understanding from others. It is also a relief finally to be able to express their feelings and be understood. Many women feel that nobody can really understand the behavior about which they feel so disgusted. "I tell my friends that I binge but I don't think anyone really understands what I mean by that or knows how much I eat," said Jackie. "I get so disgusted with myself. I would die if anyone ever found out," she added. Other women reported trying so hard to be "good" but being unable to stop the binge eating. "Every day I tell myself it will never happen again, but then I do it and I feel more and more out of control" said Anne. Others frequently nod in understanding and are relieved finally to be able to talk about their "terrible secret."

Besides helping women express feelings of shame, guilt, and disgust about their behavior, the therapist can look for and encourage expression of anger about their dilemma. Women frequently report anger and frustration about social pressures to be thin. As Anne put it, "Every time you read a magazine, you see these delicious gourmet recipes on the one hand and then you see these skinny models on the other, and you feel you're getting two messages." Women are angry that they do not fit the model-slim image and that they are not able to eat what

they want. The feelings of deprivation, frustration, and anger are prominent.

Not every group member has to express these feelings in order to deal with them. Group members can share in others' experiences, and as one woman works out her feelings, others can empathize and relate it to their own. As one member discusses her feelings, the others may merely listen and share vicariously; yet they benefit from it. One woman can provide an experience that the rest of the group members can benefit from vicariously.

Hope

It is important that these feelings of shame, guilt, disgust, and anger are dealt with so that women can get beyond the feelings of shame to a sense of mutuality and hope. Hope is an integral part of the program, and this is provided throughout by stressing each woman's ability to take charge of her life. Many women also experience hope as they see others changing their eating habits. As Celia, a woman in our group, said after watching some women make changes, "If they can do it, so can I."

However, it is also important to set realistic expectations for change. In view of the bulimic's perfectionist tendencies, she may set unrealistically high goals for change and become discouraged and depressed, reverting to old patterns. We encourage women to set realistic goals for change and tell them not to set the goals of elimination of binge eating and purging by the end of treatment, but

rather strive to decrease the frequency of these behaviors.

Group Cohesiveness

Much of this session is devoted to helping group members develop a sense of cohesiveness while providing educational information. We attempt to integrate the experiences of group members with the educational material and to use their experiences as a springboard for discussion. A blackboard or flipchart and group discussion make this procedure personal and informal. A flipchart can be more effective than writing on the blackboard because members can refer back to what was said in previous sessions. We usually ask questions and let group members provide the answers rather than lecture to them.

The development of group cohesiveness is very important, and we try to maximize interaction between members as much as possible. According to Yalom, "members of cohesive groups are more accepting of each other, more supportive, more inclined to form meaningful relationships in the group" (1970, p. 56). Berzon, Pious, and Parson (1963) showed that the main curative mechanism of their short-term therapy was the interaction among group members. Throughout the program, we encourage group members to relate to each other. As one member talks, we may ask others to respond to her or to give their reactions to what she is saying. We frequently ask if others have had the same experience or share similar feelings.

Many factors of the group process make it helpful for the bulimic woman. As she enters a group with women like herself, she feels less isolated and less abnormal. The experience of sharing negative feelings and still being accepted by other group members helps free her from these feelings. The group also provides her with the support she needs in order to make changes. The support comes from knowing that others are coping with the same feelings and fears that she is. Group members can be confrontative as well as supportive and put pressure on a woman to make changes. It is more difficult to resist pressure from women like herself than from a therapist who may "not understand what it's like." The group also provides each woman an opportunity for learning through others' experiences and increases her feelings of competency and self-esteem through helping others. As noted before, the sense of hope while watching others make changes can be a major motivator in helping the bulimic woman take the necessary steps for change as well.

The group process may be especially effective for bulimic women given their difficulties in interpersonal relationships. Loro and Orleans (1981) have suggested that bulimics are underassertive and have interpersonal problems. Hawkins' (1982) findings that bulimics may have difficulty expressing themselves directly and have a pattern representative of an overt or passive-aggressive demanding attitude and Johnson et al.'s (1983) findings that bulimics score higher than normals on interpersonal sensitivity support this contention. The group can help women express themselves more directly and receive feedback on their

interpersonal style from others.

Furthermore, an all-female group is effective in reversing some of the stereotypic female sex-role behavior that is hypothesized to be a central component of bulimia (Boskind-White & White, 1983). In this group, the bulimic woman does not look to male authority figures for direction but focuses on the strengths within herself. In addition, she learns to value the support and friendship of other females. We address this issue in more detail in chapter 7. In that session, we help women develop insight into their behavior around male and towards female friends.

PROVIDING AN OVERVIEW OF BULIMIA

Definition, Advantages, and Disadvantages

Following the introductions and discussion of feelings, we provide some basic information on bulimia—what it is and what it is not. Much of the information we provide is included at the end of this chapter (see p. 42). We discuss some of the psychological and health hazards of bulimia, many of which the group members have already mentioned by now as they have talked about themselves. The psychological problems associated with bulimia are the depression, withdrawal, anxiety, guilt, and shame that they understand too well. Some bulimics may already be experiencing some of the physical complications of

bulimia, which include rotting teeth, electrolyte imbalance, throat blisters, anemia, ruptured stomach and esophagus, as well as other problems. The potential health hazards are eye-openers to some women, and there can be a profound effect on the group if a group member is already experiencing some medical problems. We give this information matter-of-factly, not so much to scare them and add to their depression, but to point out some of the adverse effects of their behavior. It is important not to make bulimia glamorous, as many bulimics still feel it's the easiest way of dieting. We stress that bulimia is not having one's cake and eating it too, as many people think.

Myths and Misconceptions

We also attempt to clarify some of the myths and misconceptions about bulimia. We encourage discussion by asking, "What have you heard about bulimia?" or "What do other people think it is?" We dispute some of the popular myths and misconceptions about bulimia: that it is chronic, that it is incurable, that it is beyond one's control, or that it is a mental illness, among other misconceptions.

When we ask women what they had heard about bulimia, there is generally embarrassed laughter before they volunteer that being bulimic means you are "crazy," "abnormal," or "mentally ill." Although the term bulimia is listed by the American Psychiatric Association as a diagnostic entity, a woman who fits this

description is no more "crazy" than a woman who shows symptoms of depression. Labeling this behavior a mental illness can have serious implications for treatment because the bulimic feels that this behavior is outside her control. We present bulimia as a habit, one that can be unlearned just as it was learned.

A second misconception about bulimia is that the bulimic woman has no control when she is around food and that she is taken over by an "uncontrollable urge." This myth also takes the responsibility away from the woman. In truth, the bulimic woman has a great deal of control over her behavior. Frequently, much planning is needed to set the scene for a binge to occur. Bulimics frequently plan their binges at a time when they are alone. Many won't binge when they are on a trip or in a situation where they are around others.

Other irrational beliefs about bulimia have kept women from seeking help or changing their behavior. The popular press has generally depicted bulimia as being chronic and intractable, taking years to develop and years to eliminate. As Penny, an attractive and verbal woman, stated on the first session, "I have not heard or read of any bulimic woman who got better." This creates pessimism and a "what's the use?" feeling. The truth is that women with a long history of binge eating and purging have made changes. It is important for the therapist to mention this, as it provides hope for members and encourages them to try new coping responses.

Another misconception that may prevent women from changing their eating behavior is that if they stop binge eating and purging, they will have to change in other ways as well. Many women blame their eating habits for everything that is going wrong in their lives and are afraid to find out that their lives will not change if they stop binge eating. Celia expressed it like this: "As long as I binge, nothing much is really expected of me. I mean, really, what can you expect from someone who has so little control over her life? Having this habit keeps me from going out with others, keeps me broke, gives me a good excuse not to do well in school. . . . " The therapist needs to detach the binge eating from any of the emotional connotations the woman assigns to it by reassuring her that giving up the habit means giving up binge eating and purging, nothing more. In dispelling the myths, we provide a sense of responsibility and control for the bulimic over her own behavior. This gives her hope and also helps her from "copping out" by disclaiming responsibility for her eating patterns.

Cop-outs

We ask group members what other types of cop-outs they use that are primarily related to abdicating control over their behavior. We write these on the board and show them the list (see Figure 3.1). Group members frequently smile when they read the list of cop-out statements, as they have been using these themselves. Awareness of their cop-outs helps them gain more control over their behavior, and they are less likely to use these as excuses for binge eating in future

group sessions. We have each woman tell us what her cop-outs would be, and encourage group members to call on each others' cop-outs. This promotes group interaction and lets group members rather than therapists confront a woman who is copping out. A common cop-out is for a group member to skip a session, particularly if she has done well or conversely, if she has had a bad week. We stress the importance of regular attendance to the meetings.

Figure 3.1. Common Cop-outs

I've been doing this for so long I can't change. Something just overtakes me.
It's a habit.
I don't even realize I'm doing it.
I can't lose weight any other way.
Once I start, I can't stop.
This has been such a stressful week.
I can't give up my laxatives yet.
I can keep the laxatives, I just won't use them.
I don't even try to throw up, it just happens.
Which of these do you use?
What Are Some Other Cop-Outs?

Women who use laxatives to maintain their weight may cop-out by saying they will keep the laxatives in their purse ("I just won't use them") or "I'm not ready to throw out my laxatives yet." These women are really saying, "I want to

continue binge eating and purging but I won't take the responsibility for that by saying it out loud." We inform the laxative users that an essential component of the program is throwing away the laxatives by the second week.

At the end of this session, we also give a brief preview of the next six sessions and outline the topics we will be covering for the next 6 weeks. For homework, we ask them to review the material on bulimia and to start filling out the binge diary (see Appendix for sample form). We tell them that we know this will be difficult to do but that they need to look at what is happening with them prior to a binge so that they can change it. We emphasize that before they can change their eating habits, they need to see exactly what they are thinking and feeling before a binge in order to develop alternative coping responses. The usefulness of the binge diary is underscored. We ask them to record only binges, not each meal. We caution that a binge has to be at least 1,200 calories and that it should not be a meal. Many women have a tendency to write down any oversized portion or snack as a binge. We also ask them to note the number of purges. We encourage them to write down exactly what they were thinking and feeling before the binge.

SUMMARY

1. Have group members introduce themselves and state their goals for the group. Help them set realistic goals for change.

2. Develop group cohesiveness by letting group members talk about their shame, anger, guilt, and other feelings about their problem.

3. Provide an overview of bulimia including basic information, psychological and physical hazards, myths, and cop-outs.

4. Describe the program, with its emphasis on feelings rather than on food intake, and provide a brief overview of the coming sessions.

5. Give members homework for the 1st week.

HOMEWORK

1. Read "Bulimic Basics" at the end of the chapter and "The Gorging-Purging Syndrome" by Marlene Boskind-Lodhal and Joyce Sirlin (*Psychology Today*, 1977, March). (If you want, also start reading *Feeding the Hungry Heart* by Geneen Roth, New York: Bobbs-Merrill Co., 1982).

2. Review the list of cop-outs (Figure 3.1) and circle the ones you use. Add additional ones, and refer to these from time to time.

3. Start recording your binges in the binge-purge diary (see Appendix) for Week 1. Record only the *binges* for that week and not everything you eat. A binge has to be at least 1,200 calories, and it should not be a meal. Do not include oversized portions or regular snacks as binges. Write down everything you ate during the binge, and your thoughts and feelings prior to eating. You don't need to fill out the alternative coping responses yet until the next session, unless you can note some specific things you could have done

instead of binge eating. Please record the total number of binges and purges for this week in the diary.

BULIMIC BASICS

What Is Bulimia?

Bulimia is a name that describes a combination of thoughts and actions. These include:

1. Eating large quantities of food in short periods of time (binge eating).
2. Vomiting, exercising, or fasting after a binge.
3. Repeated attempts to lose weight and frequent fluctuations in weight.
4. Binge eating in private, stopping when someone comes home.
5. Eating foods that are high in calories and require little preparation.
6. Feeling bad about yourself after a binge.
7. Feeling depressed about your eating habits.

Who Is Bulimic?

Bulimia occurs most often in college-aged women. Women who are perfectionist about their bodies and their lives (high achievers) often begin this

cycle at about age 18.

How Many Women Are Bulimic?

Approximately 4% of college women demonstrate bulimic behaviors.

What Are the Advantages of the Binge-Purge Cycle?

On the surface, it appears that you can have your cake and eat it too. People think it is an "easy" way to eat and stay slim.

What Are the Disadvantages of Bulimia?

Bulimia has both psychological and physical disadvantages. The bulimic feels out of control, guilty, depressed, embarrassed, alone, and her secret limits her social contacts. Although she originally engages in this behavior to become attractive, this may result in very unattractive physical changes such as rotting teeth, stomach ruptures, and other medical complications. In addition, the stench from the vomiting can be repulsive to the bulimic and those around her.

What Can Be Done About It?

As bulimics are coming out of the closet, more and more programs are being developed to meet their needs. Counseling, addressing both psychological issues

and eating behavior, can help the woman gain control of her life and eating habits.

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